

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/27/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911389	(X3) DATE SURVEY COMPLETED R
NAME OF PROVIDER OR SUPPLIER TLC HOME, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 15101 SW 87 AVENUE MIAMI, FL 33176	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A standard biennial survey revisit was conducted on TLC Home, Inc. (license #5898) had the following deficiencies identified at the time of the survey:

0010 Admissions - Continued Residency

Based on record review and interview, the facility failed to provide a completed Health Assessment (AHCA form 1823) documenting the type of assistance 1 out of 6 residents (Resident #1) needed with medications.

Finding as follow:

Record review showed the Health Assessment for Resident #1 was incomplete and it did not show what type of assistance the resident needed with medications (it was blank).

On at 12:30 PM Staff A acknowledged, Resident #1's Health Assessment (form 1823), was not completed and did not show type of assistance the resident needed with medications.

Uncorrected Class III

0077 Staffing Standards - Administrators

Based on record review and interview, the facility failed to appoint, in writing ,a separate Manager for each facility.

Findings as follow:

Review of Florida Health Finder website revealed the facility's Administrator supervised three Assisted Living Facilities.

Record review showed the facility failed to appoint, in writing, a separate manager, for each facility.

On at 12:25 PM Staff A stated, the facility had no a manager, yet. Adding, the administrator is in the process of finding one.

Uncorrected Class III

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AL11911389	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT
Y1	Y2	Y3
NAME OF FACILITY TLC HOME, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 15101 SW 87 AVENUE MIAMI, FL 33176	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0054	Correction	ID Prefix A0079	Correction	ID Prefix A0093	Correction
Reg. # 58A-5.0185(5) FAC	Completed	Reg. # 58A-5.019(3) FAC	Completed	Reg. # 58A-5.020(2) FAC	Completed
LSC		LSC		LSC	
ID Prefix AZ814	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 435.12(2)(b-d), FS	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY	☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO	☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 5/4/2016	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO
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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Tic Home, Inc
15101 Sw 87 Avenue
Miami, FL 33176

Dear Administrator:

This letter reports the findings of a Standard Biennial revisit survey conducted on 2016 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than** _____.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtm> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

